



**Zambia HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership  
Cooperative Agreement No. 690-A-00-04-00319-00  
Quarterly Report for 1 January – 31 March 2005  
Submitted by Family Health International (FHI)**

## **I. EXECUTIVE SUMMARY**

The Zambia HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the Central Board of Health (CBoH), the Provincial Health Offices (PHOs), and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART), by implementing program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART.

Key achievements for this reporting period include:

- Completion of the site preparation and agreement development visits. 39 facilities were assessed during this quarter (note: 13 were assessed during the previous quarter) and agreements were drafted for support to 41 facilities.
- Submission of a revised 18-month work plan and development of detailed provincial quarterly work plans based on results from site preparation and agreement development visits.
- Finalization of monitoring and evaluation (M&E) plan and development of M&E system.
- Completion of training assessment and development of ZPCT Training Plan. Co-sponsorship of a *Consensus Building Meeting on National Training Packages for HIV/AIDS, ART, CTC, and PMTCT Services*. Conducted a four-day refresher training for 23 participants, including 14 ZPCT clinical care staff and 9 GRZ staff involved in ART provision at key Zambia health facilities.
- Development and submission of six memoranda of understanding (MOU) and 17 recipient agreements for support of nine District Health Management Teams (DHMTs) and 41 facilities to the CBoH for review and approval.



- Establishment of ZPCT Central Office in Lusaka; identification of office space in five provincial capitals.
- Hiring of ZPCT Central Office staff (25 professional and eight support staff in place); recruitment of key provincial office staff (25 professional and five support staff) for deployment to the provinces in April.

## II. INTRODUCTION

The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the Central Board of Health (CBoH) and the Provincial Health Offices (PHOs) and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing ART, by implementing program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (C&T) and clinical care services for people living with HIV/AIDS (PLHA), including antiretroviral treatment (ART) programs in all districts in these five provinces. The project collaborates with the PHOs and DHMTs to strengthen service delivery at public sector facilities and to strengthen networks for referral between these and other public sector health services and communities. The program also collaborates actively with other donor agencies and partner organizations to build on, rather than duplicate, ongoing HIV/AIDS projects.

The program has an overall national focus with interventions at national, provincial, district and community levels utilizing health clinics, hospitals and community service delivery programs. At the national level, the program will offer technical assistance and coordination to the Ministry of Health, CBoH, and the National AIDS Council (NAC), as requested. At the provincial level, the program supports the GRZ through technical assistance and coordination, and at the district level the ZPCT assists the DHMTs and selected health facilities to provide, improve, and expand HIV/AIDS services. The project also works with and in communities to create demand for services and strengthen linkages between facilities and communities.

The program has been created in a flexible manner so that GRZ requests can be accommodated as needs arise. Some technical support staff will likely be physically decentralized or may be asked to sit in the CBoH or other identified institutions with their GRZ counterparts. Furthermore, all activities and related monitoring and evaluation processes and indicators will meet USAID and Emergency Plan requirements, and will be compatible with established government health management information systems (HMIS).

## III. OBJECTIVES

The specific objectives of the ZPCT Partnership are to:

- Increase access to and use of HIV counseling and testing (CT)

- Increase access to and use of interventions for preventing mother to child transmission (PMTCT)
- Increase access to and strengthen delivery of clinical care for HIV/AIDS, including diagnosis, prevention and management of OIs, and other HIV related conditions and symptoms
- Increase access to and strengthen delivery of ART services at the provincial and district levels

These objectives will be met within the framework of the GRZ plan for scale up of ART programs and in full partnership with the CBoH/MOH at all levels.

#### IV. ACTIVITIES AND ACCOMPLISHMENTS FOR THE QUARTER

The second quarter activities included a range of activities to move the project forward within the provinces. Activities and accomplishments based on plans for the current quarter articulated in the last quarterly report are listed below, followed by description of additional activities.

##### ➤ *Completion of Site Preparation*

Site preparation visits to Central, Copperbelt and Luapula Provinces, as well as to Kabompo District in North Western Province were conducted, completing the ZPCT Phase 1 schedule for visits to two selected districts in each of the five project provinces. Visits to three districts (Solwezi District in North Western and Kasama and Nakonde in Northern Province) were conducted during the last quarter. Table 1 lists all facilities visited during this reporting period.

**Table 1: Districts and Health Facilities Visited in Second Quarter**

Province/Visit Dates	District	Health Facilities
Luapula Jan 10 – 19	Mansa	Mansa General Hospital Senama Health Centre Central Clinic Matanda Rural Health Centre Chembe Rural Health Centre
	Nchelenge	St Paul's Catholic Hospital Nchelenge Health Centre Kashikishi Health Centre Kabalenge Health Centre Kanyembo Health Centre
	Kawambwa	Mbereshi Mission Hospital (serves Kabalenge and Kanyembo in Nchelenge)
Central Jan 10 - 14	Kabwe	Kabwe General Hospital Mahatma Ghandi Health Center Makululu Health Center Bwacha Health Center Pollen Health Center

Province/Visit Dates	District	Health Facilities
	Mkushi	Mkushi District Hospital and Chibefwe HC (affiliated) Mkumbi Health Center Masansa Health Center Chalata Health Center Nkumbi Health Center
Copperbelt Jan 17 – 21	Ndola	Ndola Central Hospital Arthur Davison Children's Hospital Chipokota Mayamba Health Centre Lubuto Health Centre Chipulukusu Health Centre Mushili Health Centre Nkwazi Health Centre Ndeke Health Centre Kawama Health Centre
	Chingola	Nchanga North General Hospital Chawama Health Centre Kabundi Health Centre Chiwempala Health Centre
	Kitwe	Kitwe Central Hospital
North Western Jan 24 – 26	Kabompo	Kabompo District Hospital St. Kalembe Rural Health Center Kalunga Rural Health Center Kabulamema Rural Health Center

Dr. Albert Mwango, the ART Programme Coordinator, CBoH, participated as a member of the ZPCT Central and Copperbelt site preparation teams.

➤ ***Presentation of Site Preparation Assessment Results***

The findings of the assessments were presented at a provincial level following the site preparation visits, and input and feedback solicited from PHOs, DHMTs, and facility staff at that time and during the agreement development process. Draft implementation plans were developed for each facility, to be incorporated into agreements for project activities at each site.

A Report of Site Preparation Visits in Five Provinces, March 2005, was compiled and submitted to USAID/Zambia, the CBoH, and the PHOs. In addition, results were provided to the JSI/Deliver team for use in quantification and forecasting of needs for ARVs and HIV test kits.

Early in the site preparation process, at the request of the CBoH, the ZPCT agreed to streamline and revise the site assessment tools used in the site preparation for Phase 1. The tools were revised, and will be submitted to the CBoH and PHO for comment prior to use in assessment of facilities in Phase 2.

➤ ***18-month Work Plan***

Based on results of the site visits and agreement development process, the ZPCT Partnership work plan was finalized and submitted to USAID for approval on

February 23. The revised Monitoring and Evaluation (M&E) Plan was included as an attachment to the work plan.

One challenge to completion of the work plan and budget is the possibility of ZPCT directly procuring a stop-gap supply of HIV test kits, reagents, and ARVs. USAID/Zambia requested that ZPCT budget for this possibility within the current funding. This required re-budgeting and adjustment of activities planned in the next year.

Following discussions with the USAID/Zambia Cognizant Technical Officer (CTO) for the ZPCT Partnership, Lisa Luchsinger, in March 2 and 7, the work plan and budget were further revised and submitted on March 24, 2005. The work plan is undergoing further USAID review prior to final approval.

➤ ***Monitoring and Evaluation***

- Workshop and M&E Plan:

The ZPCT monitoring and evaluation plan was developed to respond simultaneously to program information needs, as well as those of USAID/Zambia, the Presidential Emergency Plan and the GRZ's national HIV/AIDS program. ZPCT M&E staff held a five-day workshop for representatives of ZPCT partner organizations (MSH, IHAA, KCTT, CHAZ, and ECR) as part of the plan development process. Representatives from the CBoH, USAID, and the Health Systems Support Project (HSSP) also participated. Partner organizations worked on their organization's M&E Plan and the draft ZPCT M&E Plan was further developed during this meeting.

The M&E Plan has been finalized, submitted to USAID and will be fully implemented with the initiation of activities in the provinces and districts.

- ART/Clinical Care Form

Staff of facilities providing ART interviewed during site preparation visits reported that the forms introduced recently as part of the ART Information System (ARTIS) are cumbersome and time-consuming to complete. Clinicians also stated that they do not fulfill all the needs for patient management.

In collaboration, ZPCT and CBoH convened a meeting of representatives from other cooperating partners working with ART services (HSSP, CDC, CIDRZ, and CRS) to discuss this issue. ZPCT staff worked with these partners to compare existing tools (from CIDRZ, CRS, ARTIS, and FHI's Ghana ART program). A simplified draft clinical care/ART form has been developed that will fulfill ARTIS data requirements. ZPCT will continue to work with CBoH and partners to refine it for use.

ZPCT will comply with the existing system and will not introduce alternative forms. However, further discussions will be held with the CBoH and other

partners to finalize a form which could be adopted by CBoH and HSSP for the national ART scale up, in place of the present ARTIS form.

➤ ***Development of Agreements***

The ZPCT sent teams of staff members from partner organizations to meet with PHO, DHMT, and facility staff to develop specific agreements for ZPCT project support. Multi-disciplinary agreement development teams visited all provinces during this quarter:

Northern Province	January 10-14
Luapula Province	January 17 – 21
Central Province	January 24 – 28
North Western Province	January 31 – February 4
Copperbelt Province	February 7 – 11

Using information gathered during the site preparation visits and subsequent discussions concerning the comprehensiveness and capacity of services offered at each facility and identified gaps and opportunities for project implementation, five provincial level subagreements were developed. For each province, the subagreement included specific plans for support to selected DHMTs and facilities within the province. These were subagreements were submitted to the CBoH, the PHOs, and USAID/Zambia in February. Written comments were received from three provinces, and the agreements were discussed with Lisa Luchsinger, USAID, and Dr. Mtonga, Director of Clinical Care and Diagnostic Services, CBoH, at a February 25 meeting. Key comments from reviewers are summarized below.

*Recommendations from the PHOs:*

- Separate agreements should be developed for DHMTs and hospitals;
- Wherever possible, ZPCT should combine activities with current activities of the DHMT and PHO rather than initiating duplicative efforts;
- The monitoring and evaluation requirements included in agreements are too extensive for already overstretched GRZ facility staff, and should be reduced or streamlined.

*Recommendations from the CBoH:*

- The ZPCT Partnership, through FHI, should execute an agreement/MOU with the CBoH, and separate agreements with the PHOs and health facilities.
- Each agreement must be submitted for legal review by the CBoH Board Secretary prior to execution.

After consultation with the Contracts and Grants staff at FHI, the prime contractor under the ZPCT cooperative agreement with USAID, and further discussions with the CBoH and PHOs, six MOUs and 17 recipient agreements were developed.

The MOU with the CBoH must be executed prior to agreements at the provincial level. Once signed, the PHOs will be notified and individual MOUs will be

entered into between the Provincial Health Director for each province, and a representative of the ZPCT. These MOUs do not include any direct support, but outline the terms of cooperation between ZPCT and the CBoH and PHOs.

Recipient agreements were developed with nine District Health Boards (DHBs) and cover support to nine DHMTs, two district hospitals and 30 health centers. Recipient agreements were also written for eight provincial level hospitals. Through the 17 recipient agreements, US\$ 985,442 is obligated to strengthen and expand services in 41 facilities in nine districts in the five provinces. Attachment A of this report lists the facilities to be supported under each agreement. Attachment B shows the specific services to be improved or initiated.

ZPCT staff members visited four of the five provinces to review details of the draft recipient agreements the PHOs, DHMTs, and facility staff. A meeting was held with the Provincial Health Director of the fifth province, North Western, in Lusaka to review the documents. Following these discussions and final revisions, the 17 recipient agreements and six MOUs were formally submitted to the CBoH on March 30 for review by the CBoH Board Secretary, the Director of Clinical Care and Diagnostic Services, and the Director General of the CBoH. They were also reviewed and approved by the Contracts and Grants Office of FHI.

Plans called for the execution of the agreements during this quarter. However, due to delays in drafting agreements, reviews at the central and provincial level, and need for additional revisions, this target was not met. The MOUs and agreements will be executed on or before May 1, 2005.

Work has continued on sub agreements with associate partners. During this quarter, the agreement with Expanded Church Response (ECR) was executed. This agreement will cover activities in communities in five districts (Solwezi, Kabompo, Chingola, Kabwe and Mkushi) in Copperbelt, North Western and Central provinces. The agreement is for \$87,132 for a period of 13 months.

Agreement has also been reached with Kara Counseling and Training Trust for their role in providing training for counselor supervisors in the five project provinces, as well as for counselors in Central Province (training for counselors in the other districts will be conducted by the Counseling Unit of the MOH). The sub agreement is being finalized, and will be implemented early next quarter.

ZPCT staff met with Churches Health Association of Zambia (CHAZ) for discussions regarding a sub agreement to cover support to two mission facilities included in Phase 1. These are St. Kalembe's Health Center (North Western) and Chilubulu Health Center (Northern). CHAZ committed to providing a draft agreement early next quarter.

Work has also been done to develop agreements with community-based organizations in the provinces. Further discussion of this is included under community focused activities later in this report.



➤ **Training**

- Development of Training Plan

A training assessment was conducted during which information on current training materials, existing training programs and strategies was gathered. As part of this exercise, ZPCT collaborated with the CBoH and HSSP to host a *Consensus Building Meeting on National Training Packages for HIV/AIDS, ART, CTC, and PMTCT Services*. The meeting, held on January 24, was attended by 32 representatives of the CBoH/MOH and cooperating partners involved in HIV/AIDS programming and training in these areas.

Based on the training assessment, including results of the consensus building meeting, and information gathered during assessments of facilities during the site preparation visits, an overall plan for training for Phase 1 facilities has been developed. The ZPCT Senior Training Officer met with senior representatives of CBoH and other partners to coordinate and harmonize training plans.

- ART/OI Refresher Training

A four-day refresher training on ART/OI was conducted by ZPCT from 29 March through 1 April in Lusaka. Dr. Kwasi Torpey, ZPCT Director of Technical Support, and Dr. Liya Mutale, ZPCT Senior Advisor for Clinical Care, conducted the training. Fourteen ZPCT technical staff members participated, as well as 9 GRZ health care workers. The GRZ participants were proposed by the CBoH, and are involved in active government ART programs. ART National Trainers, experienced doctors who are part of the training team responsible for national ART training, were among the participants.

- ART Commodity Management Training

Training for pharmacists and laboratory technologists from ZPCT-supported Phase 1 facilities is scheduled for early in the next quarter (April 2005). During this quarter, training materials were reviewed and adapted for the course, including expanding the module on adherence counseling. As part of this course, pharmacists and staff in-charge of pharmacy stores will be trained in facility-based quantification of HIV/AIDS-related products. An outcome of the training will be a forecast of needs for ARVs for ZPCT-supported sites, based on information supplied by the participants on ART commodities and program indicators at their sites.

➤ ***Initiation of Activities under Agreements in the Provinces and Districts***

Initiation of activities in the facilities was planned for March 2004, but has been delayed. The anticipated date for execution of agreements and start up of activities is May 1, 2005. Additional, unanticipated steps in the development and approval process for agreements was the primary cause for delay. Although earlier discussions with CBoH had indicated that a MOU with the CBoH would not be required since the ZPCT Partnership is covered under the Strategic Objective Agreement between USAID and the Ministry of Finance and Planning, this was countermanded when draft agreements were submitted to the CBoH in

February. With MOUs required with the CBoH and the PHOs prior to signing recipient agreements for work in the districts and facilities, two additional levels were added to the process.

The ZPCT Partnership has used the time resulting from this delay to hold additional planning meetings and discussions in the provinces. Based on the ZPCT 18-month work plan, detailed quarterly plans (April – June) for implementation of activities were developed and reviewed with Provincial Health Offices. In addition, ZPCT has begun the process for procuring needed equipment and supplies specified in the recipient agreements. This will ensure that when agreements are signed, activities can begin immediately.

➤ ***Establishment of Provincial Offices***

Office space was identified in all provincial centers and leases drafted and/or signed during this quarter. Twenty-five professional staff and five drivers were recruited and will report for orientation the first week of April. Following orientation, they will take up their posts in the five ZPCT Provincial Offices.

➤ ***Quantification and Procurement of ARVs***

Using the targets estimated for the first six months of ZPCT activities in the provinces, a forecast was made of needs for ARVs, HIV test kits and reagents for that time period, and a budget developed. This exercise was undertaken at the request of USAID/Zambia, and with the cooperation of the CBoH, due to an anticipated stock-out of these crucial supplies. ZPCT was requested to prepare to procure needed ART-related products as a 6-month stop-gap measure. The 18-month work plan and budget was modified to accommodate this possibility.

ZPCT staff worked closely with CBoH and USAID/Zambia representatives on this exercise. The emerging GRZ policy restricting use of branded ARVs in government facilities slowed this process and the likelihood of ZPCT procuring ARVs has lessened greatly. The stock-out has reportedly been averted by the efforts of the CBoH to solicit contributions from other donors, and to ensure Global Fund procurements now in the pipeline. ZPCT was able to assist in the estimated needs of different regimens for these requests.

➤ ***Standard Operating Procedure (SOP) Development with CBoH***

The ART SOPs for pharmaceutical services and for laboratory services were finalized in collaboration with RPM Plus and CBoH, and submitted to the CBoH for review and approval. Both were formally accepted and are in press. A limited number of copies will be available for the upcoming ART management training, but nationwide dissemination, including to ZPCT sites, will follow the official launch of the SOPs.

ZPCT is collaborating with the CBoH on SOPs related to ART. Generic SOPs developed by FHI for ART, post-exposure prophylaxis (PEP), and ART adherence have been provided to the CBoH. ZPCT staff continue to work with the CBoH

ART Programme Coordinator to adapt these for introduction to ART centers nationally.

➤ ***Collaboration with CDC***

A series of meetings was held with representatives from ZPCT, CDC, and the CBoH. Coordination of program efforts, particularly focusing on activities for Arthur Davison Hospital, was discussed at an early meeting with CDC and USAID/Zambia. ZPCT will initiate support ADH in the next year, while CDC works with UTH to establish an internship there. CDC may provide additional technical support in the future.

The primary area of collaboration between ZPCT, CDC, and CBoH during this reporting period was laboratory services. Meetings were held to harmonize laboratory services training and to strengthen laboratory information systems. ZPCT is also providing input to CDC's plans for a national laboratory quality assurance system.

➤ ***Technical Support***

Technical staff members who joined ZPCT this quarter have identified opportunities for involvement in technical working groups and key initiatives in treatment and care in Zambia. This includes memberships in the National AIDS Committee's (NAC) PMTCT and VCT Technical Working Groups and participation in the newly formed Palliative Care Initiative (initial meeting to be held 1 April 2005).

As noted elsewhere in this report, ZPCT staff members have been involved actively with CDC in collaboration with the CBoH on strategies to improve laboratory services, including training and quality assurance. ZPCT have also worked closely with the CBoH on issues related to ARV and HIV test kit forecasting and procurement.

ZPCT staff have been involved in technical meetings organized by CBoH and partners. These meetings call together the key players in HIV/AIDS care and treatment in Zambia to develop guidelines and training curricula.

**Table 2: Key Technical Meetings**

Meeting	Organizing Institution(s)	Dates
Consensus Building Meeting on National Training Packages for HIV/AIDS, ART, CTC, and PMTCT Services	CBOH HSSP ZPCT	24 January
Meeting on Harmonisation of Messages and Materials For Anti-Retroviral Therapy (ART) in Zambia	NAC HCP	25 January
ART Forecasting Stakeholders Meeting	CBoH USAID/ JSI/Deliver	3 February
Meeting to Review ART HMIS Forms (HSSP, CDC, CRS, CIDRZ, ZPCT)	CBoH ZPCT	5 February

Meeting	Organizing Institution(s)	Dates
Comprehensive HIV/AIDS Care Orientation Package for Supervisors and Managers	CBoH JHPIEGO	15 – 19 February
Meeting to Discuss Drug Procurement Issues	CBoH USAID	15 March
Laboratory Services Improvement	CBoH CDC ZPCT	15 March
Meeting to draft <u>HIV/AIDS Chapter of the National Health Strategic Plans (NHSP) 2006-2010</u>	CBoH HSSP	22 March

➤ ***Community Focused Activities***

The International HIV/AIDS Alliance is the lead ZPCT partner for community focused activities. During this reporting period, IHAA engaged more than 20 community-based and faith-based organizations (CBOs and FBOs) in an assessment and selection process for the grants program. Funds will be awarded to CBOs and FBOs through this process for implementation of community mobilization activities to increase demand for and improve access to services in communities near facilities supported by ZPCT. Twenty-one proposals were received and are under review. As a result of the initial review, it became clear to more work is needed to clarify the scope of the project with the CBOs and FBOs, and to identify the type of activities which will contribute most to the community aspects of the program under the grants program.

ZPCT/IHAA community staff visited three provinces (Central, Copperbelt, and North Western) to select community members to be trained as community lay counselors and treatment support workers. This is in preparation for the training that will be held early in the next quarter.

## V. CHALLENGES

The ZPCT Partnership has a great opportunity to work with the GRZ and make a positive contribution to the scale up of HIV/AIDS services in Zambia. The Partnership also faces many challenges. These challenges will only be met through close collaboration with the CBoH, USAID, other donor agencies, and partner organizations.

Notable challenges exist in the following areas:

➤ ***Building and sustaining collaborative relationships in an emergency program***

Establishing and sustaining collaborative relationships and good communication with the GRZ at the national and provincial levels is crucial to the development of sustainable improvements in the HIV/AIDS services in Zambia. Such relationships take time to build and maintain, and can seem at odds with an emergency response to an urgent problem. Balancing these seemingly contradictory needs is an ongoing struggle.

➤ ***Human Resources***

Staff capacity and availability at all levels within the provinces are considerably below what is required, especially at the health center level. As a response to this, the ZPCT has discussed seconding key staff to ZPCT-funded facilities with the CBoH/MOH. Only existing positions, currently vacant, would be filled for those positions most critical to delivery of high quality HIV/AIDS-related services. Staff would be hired according to the usual terms and conditions for government employees.

This human resources shortage also presents a challenge for identifying qualified staff for the ZPCT central and provincial offices, particularly the technical and leadership positions.

➤ ***Incentives for government staff***

Donor policies on payment of government staff and topping up of salaries differ. This could pose difficulties to the ZPCT Partnership when recruiting staff to be seconded to the MOH/CBoH and when introducing the project at the health facilities.

➤ ***Availability of ARVs and commodities***

An uncertain supply of ARVs has contributed to waiting lists in areas visited. Test kit supply is also uneven. Efforts during this quarter by the CBoH/MOH, USAID/Zambia, JSI/Deliver, UNICEF, and other donor agencies and partners have improved the prospects for reliable supplies of these key commodities, this will continue to be a challenge to the program.

➤ ***Accessibility of ARVs***

The GRZ's cost sharing policy (40,000 Kwacha per month) is prohibitive to many; in addition, many health facility staff, as well as their clients, are unaware of the exemption policy and criteria.

➤ ***Strengthening community involvement in treatment and care***

Zambia has an admirable history of strong community responses to HIV/AIDS. Many CBOs and FBOs were established to deal with the need for care of community members infected and affected by HIV/AIDS, including care for orphans and vulnerable children (OVC) and home based care (HBC) for people living with HIV/AIDS (PLHA) in a time when ART was not available. These organizations are well-grounded and respected in the communities, and are often part of wider networks that deal with many aspects of HIV/AIDS. The availability of a wider range of treatment and prevention alternatives in the communities will require new knowledge and approaches to build on the existing strengths of these CBOs and FBOs. One challenge for ZPCT will be to work with these organizations to expand their expertise in areas such as reaching community members with information about available treatment services, developing treatment support and adherence programs and strategies, strengthening referral

networks, and linking with facilities and organizations providing other services to ensure a wide range of services are available and accessible for PLHAs.

➤ ***National Guidelines and Protocols***

Guidelines and protocols, where they do exist, are not widely distributed and available at the health facilities. Inability of the national government to print sufficient quantities is part of the problem. In addition, quality assurance protocols and systems are lacking.

➤ ***Implementing M&E Systems in Government Facilities***

The CBoH, both at the national and provincial level, are unwilling for projects to introduce additional, burdensome reporting requirements in government health facilities. Most indicators required for ZPCT reports under the President's Emergency Plan for AIDS Relief are collected through the existing health information system (HMIS), but the few missing indicators and need for more regular reports (monthly vs quarterly) will require additional efforts.

Strategies for responding to these challenges have been incorporated into the ZPCT work plan.

## **VI. PLANS FOR THE FOLLOWING QUARTER**

Highlights from the plans for the next quarter are described below. In addition to the specific activities listed, the ZPCT Partnership will continue efforts to build a solid relationship with the CBoH and to collaborate with other partners in expanding and strengthening HIV/AIDS related services.

➤ ***Establish ZPCT Provincial Offices***

ZPCT staff for the five provincial offices will be oriented to the ZPCT and will be relocated to the provincial capitals to establish offices. All offices will be fully operational early in the quarter.

➤ ***Execute MOUs and agreements***

Following the signing of the MOU between the CBoH and FHI, anticipated for April, the five provincial MOUs and 17 recipient agreements with District Health Boards and hospitals will be signed in a series of small signing ceremonies in the provinces and districts.

➤ ***Strengthening community involvement***

Agreements will be finalized with CBOs and FBOs for community mobilization activities, and community mobilization activities begun.

Technical support and training will be provided to selected organizations. Training also will be conducted for community lay counselors and for treatment support workers.

- ***Initiate project activities in facilities in provinces and districts***  
Activities in the districts will be begun as soon as agreements are executed. Specific activities will depend on the readiness of each facility, but it is anticipated that considerable refurbishment, training, and technical assistance will be required.  
  
Concurrently, the ZPCT staff will work with staff in the facilities to improve and expand CT, PMTCT, ART, and OI management services. Services will be provided through these facilities to contribute to the targets of this project and of the GRZ.
- ***Execute sub agreement with CHAZ to provide support to mission facilities***  
The agreement with CHAZ will be finalized for coordination of support to the two mission facilities included in the Phase 1 site preparation activities. In addition, an agreement will be reached to identify and support at least three additional facilities during this year.
- ***Implement Monitoring and Evaluation system***  
The ZPCT M&E system will be presented to District and Provincial Health Information Officers (DHIOs and PHIOs), and will be initiated by the M&E Officers in the ZPCT Provincial Offices.
- ***Finalize provincial training plans and conduct training***  
The training plan for ZPCT-supported sites in each province will be finalized with the respective PHOs. Once approved, training workshops will be coordinated with the CBoH to optimize the time and availability of the national trainers.  
  
Training will be provided in CT, PMTCT, ART, management of OIs, and pharmacy and laboratory services, as well as data collection and use of the HMIS. For CT, both health care workers and lay counselors will receive appropriate training.
- ***Establish procedures for and initiate placement of seconded staff***  
ZPCT will work with the Human Resources Department of the CBoH to facilitate the secondment of staff to facilities in the provinces. As needed, ZPCT also will work with PHOs to identify alternative solutions to staff shortages, according to the needs and requirements of each province.
- ***Select Phase 2 districts***  
ZPCT will work with the PHOs to identify at least two districts in each province for Phase 2 support. The CBoH also will be consulted on selection criteria.
- ***Revise site preparation tools***  
Following the first site preparation visits, ZPCT has revised the generic site preparation tools to be more appropriate for Zambia. The near final drafts will be submitted to the PHOs for further input prior to finalization.

**Attachment A: Zambia Health Facility Recipient Agreements**

	<b>Recipient</b>	<b>Facilities Included in Agreement</b>	<b>Budget</b>	<b>Submitted to CBoH</b>
1	Kitwe Central Hospital	Kitwe Central Hospital	\$45,231	30-Mar
2	Arthur Davison Children's Hospital	Arthur Davison Children's Hospital	\$34,203	30-Mar
3	Ndola Central Hospital	Ndola Central Hospital	\$35,609	30-Mar
4	Nchanga North General Hospital	Nchanga North General Hospital	\$37,011	30-Mar
5	Ndola District Health Board	Luboto Health Center Chipulukusu Health Center Mushili Health Center Nkwazi Health Center Chipokota Mayamba Health Center Kawama Health Center Ndeke Health Center	\$149,888	30-Mar
6	Chingola District Health Board	Chiwempala Health Center Chawama Health Center Kabundi East Health Center	\$78,442	30-Mar
7	Kasama District Health Board	Kasama Urban Health Center Location Urban Health Center Lukupa Rural Health Center	\$71,437	30-Mar
8	Nakonde District Health Board	Nakonde Rural Health Center Chilolwa Rural Health Center Waitwika Rural Health Center Mwenzo Rural Health Center	\$103,353	30-Mar
9	Kasama General Hospital	Kasama General Hospital	\$18,889	30-Mar
10	Kabompo District Health Board	Kabompo District Hospital	\$41,684	30-Mar
11	Solwezi District Health Board	Solwezi Urban Health Center Mapunga Rural Health Center St. Dorothy Rural Health Center	\$50,477	30-Mar
12	Solwezi General Hospital	Solwezi General Hospital	\$30,308	30-Mar
13	Mansa District Health Board	Mansa Central Health Center Senama Health Center Matanda Rural Health Center Chembe Rural Health Center	\$75,494	30-Mar
14	Mansa General Hospital	Mansa General Hospital	\$26,130	30-Mar
15	Kabwe District Health Board	Mahatma Ghandi Health Center Pollen Health Center Bwacha Health Center Makululu Health Center	\$77,872	30-Mar
16	Kabwe General Hospital	Kabwe General Hospital	\$25,462	30-Mar
17	Mkushi District Health Board	Mkushi District Hospital Chibefwe Health Center Chalata Health Center Masansa Health Center	\$83,952	30-Mar
<b>TOTAL</b>		<b>41 Facilities</b>	<b>\$985,442</b>	



**Attachment B**  
**Sites and Services – Districts and Facilities in Phase 1**

Province	District	Facility	Services Strengthened	Services initiated
CENTRAL	Kabwe	Kabwe General Hospital	CT, PMTCT, CC, ART	
		Bwacha HC	CT, CC	Phase I: PMTCT
		Mahatma Ghandi HC	CT, PMTCT, CC	
		Makululu HC	CT, PMTCT, CC	
		Pollen HC	CT, PMTCT, CC	
	Mkushi	Mkushi District Hospital	CT, CC	Phase 1: ART, PMTCT
		Chibefwe HC	CC	Phase 1: PMTCT
		Chalata HC	CC	Phase 1: CT
		Masansa HC	CC	Phase 2: CT, PMTCT
COPPERBELT	Ndola	Ndola Central Hospital	PMTCT, CC, ART	Phase I: CT
		Arthur Davidson Hosp	CT, PMTCT, CC, ART	
		Lubuto HC	CT, PMTCT, CC, ART	
		Chipulukusu HC	CT, PMTCT, CC, ART	
		Mushili Clinic	CT, PMTCT, CC	
		Nkwazi Clinic	CT, PMTCT, CC	
		Chipokota Mayamba HC	CT, PMTCT, CC, ART	
		Kawama HC	CT, PMTCT, CC	
		Ndeke Health Center	CT, PMTCT, CC	
	Chingola	Nchanga North General Hosp	CT, CC, ART	Phase 1: PMTCT
		Chiwempala HC	CT, CC	Phase 1: PMTCT, ART
		Chawama HC	CT, CC	Phase 1: PMTCT
		Kabundi East Clinic	CT, PMTCT, CC	
	Kitwe	Kitwe Central Hospital	CT, PMTCT, CC, ART	
NORTH WESTERN	Kabompo	Kabompo District Hospital	CT, PMTCT, CC	Phase 1: ART
		St. Kalembe Rural HC	CT, PMTCT, CC	
		Kabulamema Rural HC	CC	Phase 2: CT, PMTCT
		Kalunga Rural HC	CC	Phase 2: CT, PMTCT
	Solwezi	Solwezi General Hospital	CT, PMTCT, CC, ART	
		Solwezi Urban HC	CT, CC	Phase 1: PMTCT
		Mapunga Rural HC	CC	Phase 1: CT, PMTCT
NORTHERN	Kasama	St. Dorothy RHC	CC	Phase 1: CT, PMTCT
		Kasama General Hospital	CT, CC, ART	Phase 1: PMTCT
		Kasama Urban HC	CT, CC	Phase 1: PMTCT
		Location Urban HC	CC	Phase 1: CT, PMTCT
		Chilubula Mission Rural HC	CT, PMTCT, CC	
	Nakonde	Lukupa Rural HC	CC	Phase 1: CT, PMTCT
		Nakonde Rural HC	CT, CC	Phase 1: PMTCT, ART
		Chilolwa Rural HC	CC	Phase 1: CT, PMTCT
LUAPULA	Mansa	Waitwika Rural HC	CC	Phase 1: CT
		Mwenzu Rural HC	CC	Phase 1: CT, PMTCT
		Mansa General Hospital	CT, PMTCT, CC, ART	
		Senama HC	CT, CC	Phase 1: PMTCT
		Central Clinic	CT, CC	Phase 1: PMTCT
		Matanda Rural HC	CC	Phase 1: CT
		Chembe Rural HC	CC	Phase 1: CT, PMTCT
		CC= clinical care		
		CT= counseling & testing		